

Provider Fiscal Accountability Monitoring FY 2011

In response to the legislature's intent language, the Division and its contracted providers engaged in a collaborative effort to develop a process by which the Division will conduct its fiscal accountability monitoring of contract providers for FY2011. By working together and using a positive approach and thoughtful compromise we have developed solutions that addressed both the Division's and provider needs and have agreed upon a new methodology for fiscal accounting as follows:

The Division will review private providers use of service funds based on the greatest risk to the Department/Division for our financial accountability for the use of Medicaid funds.

This process represents the Division's fiscal monitoring of contracted providers. The Department maintains accountability for contracted providers on other dimensions of services, such as health and safety, through a number of other monitoring processes, including but not limited to: waiver required monthly face-to-face visits from support coordinators, licensing audits, quality assurance site checks, annual contract audits, human rights reviews, utilization reviews, clinical reviews, SIS assessments, incident reporting, monthly submission of progress reports, etc.

- The Division will monitor hourly rate services per the provider's service documentation on the monthly Form 520 service invoice samples.
- The Division will monitor daily rate services according to the following:
 - The cost center is the entire provider's combined RHS/CLS/CL1 (certified and licensed sites), host home and professional parents and DSG services.
 - Provider submits a report on one quarter during the year (as requested by the Division).
 - The provider will calculate the total contracted hours for the quarter based on the average daily units.
 - The provider will utilize employee time documentation and supervision to identify the number of direct service hours provided by qualified staff over the course of the review period sampled.
 - The Division will validate the reports described above.
 - The Division will validate that the provider's cost center is within an acceptable margin of contracted supports. If this expectation is not met, provider will submit a report demonstrating the deficiency has been corrected. If the provider cannot demonstrate that the deficiency has been corrected, or if the deficiency is purposeful, recoupment will be sought.